



SCUOLA DI INGEGNERIA E ARCHITETTURA

Academic Year

RECOGNITION INTERNSHIP CFU/ECTS

The application must be submitted during the academic year of the course that includes the internship as laid down in the student's study plan.

University Registration Number

The undersigned

born inon

resident in address

zip code phone

registered for the A.Y..... to year of Degree Course in.....

..... Code..... of the School of Engineering and Architecture

REQUESTS

the recognition as Internship CFU/ECTS an amount of hours worked at:

Organization / Company for the aforementioned activity:

.....

Address.....

Zip code.....CityPhone.....

Starting date

Please find attached:

1. Copy of employment contract or declaration signed by the person in charge of the company indicating the contract length and position of employment.
2. Report of the activity carried out.

Forlì,

Student Signature